Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

SPRINGFIELD	
SPRINGFIELD,	ILLINO

Change in Company's premium or rate level produced by rate revision

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	9	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	44.766.6E2	4.40/
Life of Insurance	44,766,652	4.1%
Does filing only apply to ce	rtain territory (territories) o	or certain
Classes? If so,		
specify: No		
Brief description of filing. (I	f filing follows rates of an	advisory
Organization, specify		
organization):	Adopting NCCI's IL-2	008-07, CIF-2008-10 and
CIF-208-11.		
*Adjusted to reflect all prior		
**Change in Company's pre	emium level which will res	ult from application of nev
rates.	A OUTTY A MAIL	
ing and the second of the seco	· · · · · · · · · · · · · · · · · · ·	al Insurance Company
	N	ame of Company
•		06.1
en en generale de la companya de la La companya de la co		Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
•		
5. Glass		
6. Fidelity	ANCE	
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery	rpa -	
8. Boiler and Machinery		
8. Boiler and Machinery 9. Fire JAN 1 2009		
10. Extended Coverage	1	
11. Inland Marine 12. Homeowners		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	30,909	+3.5
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or o	certain classes? If so, specify No	Manusco de la compansión de la compansió
Brief description of filing (if filing follows rates of an adv	risory organization, specify organiz	ation) Adoption of NCCI advisory rates and
	· · ·	
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will rest 	ult from application of new rates.	
	Advant	age Workers Compensation Insurance Company
		Name of Company

Tina Knight, Analyst

Official — Title

NOV 1 4 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger		
Commercial 2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	\$1,305,023	3.8%
Does filing only apply to certain territo	ry (territories) or certain classes? If so, sp	pecify:
Brief description of filing. (If filing follo	ows rates of an advisory organization, speced advisory loss costs.	cify organization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

AIG Casualty Insurance Company

Name of Company

Joseph Russo Assistant Manager of State Filings

Official - Title

H29219D

DIVISION OF INC. STATE OF ILLINOIS SEPR

JAN 0 1 2009

SPECIAL SPIELD, ILLINOIS

SUMMARY SHEET

			(2)
	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
3.	Boiler and Machinery		
).	Fire		
).	Extended Coverage		
l.	Inland Marine		
2.	Homeowners		
١.	Commercial Multi-Peril		
١.	Crop Hail	·	
5.	Other Workers Comp	\$953,715	+5.1%
	Line of Insurance		
rief o	description of filing. (If filing folloting NCCI's advisory rates, loss	lows rates of an advisory organization, specify costs, and rating values, circular IL-2008-13.	organization): Also revising our company loss
	multipliers.		
Α	djusted to reflect all prior rate cha	anges.	
\mathbf{C}	hange in Company's premium lev	rel which will	
re	sult from application of new rate	S.	
10			
10		The state of the s	
10	·	MISION OF INSURANCE	
10	\ \	IVISION OF INSURANCE	America Ins Co
10		VISION OF INSURANCE STATE OF ILLINOIS/IDEPR	America Ins Co
10			America Ins Co Name of Company
10			
10		APR 0 1 2009	
		APR 0 1 2009	Name of Company .) Petrise Meyer
		APR 0 1 2009 (Mrs	Name of Company

SUMMARY SHEET

FORM (RF-3)		- ED - M
Change in Company's pre	emium or rate level produced	JAN 0 1 2009
Effective January 1, 2009)	SPEINGFIERD, ILLINOIS
(1)	(2)	· · · · · · · · · · · · · · · · · · ·
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		· .
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$ 13,052,000	+4.1%
Does filing only apply to certain terri	tory (territories) or certain cla	sses? No
T/ '/		
Brief description of filing. (If filing for Organization, specify organization):	ollows rates of an advisory	- Circular IL-2008-13.
No change in deviation – will remai	n at 20.0% of NCCI rates.	CHEMINI IL 2000 IO

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company



Official - Title

James P. Meyer, ACP, AIM Senior Pricing Analyst/Filings

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

NOV 1 4 2008

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

January 1, 2009

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage 		
11. Inland Marine		
12. Homeowners13. Commercial Multi-Peril		
14. Crop Hail		0.00/
15. Other <u>Workers' Compensation</u> Line of Insurance	\$123,222,623	3.8%
Does filing only apply to certain territo No.	ory (territories) or certain classes? If so,	specify:
Brief description of filing. (If filing followate filing based on NCCI's approx	ows rates of an advisory organization, sp	pecify organization):

- Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

American Home Assurance Company

Name of Company

Joseph Russo **Assistant Manager of State Filings**

Official - Title

H29219D



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NOV 1 4 2008

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate	level produced by rate revision effective	January 1, 2009
	·	
(1)	(2)	(3)
(1)	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
<u>Ooverage</u>	voidine (minors)	Straings (+ St. /
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		• .
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		4,
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		·
15. Other Workers' Compensation	\$10,077,114	3.8%
Line of Insurance	\$10,077,114	3.070
Line of frisulance		
Does filing only apply to certain territo	ory (territories) or certain classes? If so,	specify.
No.	torritorios, or sortain siasses. It so,	, aposity.
Brief description of filing. (If filing follo	ows rates of an advisory organization, s	pecify organization):
Rate filing based on NCCI's approv		,
<u></u>		
* Adjusted to reflect all prior rate ch	nanges.	
** Change in Company's premium le		
result from application of new rate		
rodali nom application of the transfer		American International South
	NOF INSUBANCE	
	OF INSURANCE	Name of Company
	1331	Joseph Russo
	JAN U 1 2000	Assistant Manager of State Filings
		Official - Title
		Omoidi Inio

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Francisco distribution in the second
DIVISION OF INSURANCE
CIAIOION UE WIOTIE
CLY LE COLLINOLING MOL
STATE OF ILLINOIS/IDFPR
FILE

JAN 0 1 2009

Springfield, Illinois

	Change in Company's premit effective January 1, 2009	ım or rate level produced 	by rate revision
-	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5 .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	•	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	895,275	+1.4 %
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: N/A		
	Brief description of filing. (If the Organization, specify	filing follows rates of an a	advisory
	organization):	AmGUARD adopts the Ad	lvisory Rates as released by the National
	Council on Compensation Insurance, In	c., effective January 1, 2009 per II	L-2008-13, which reflects an overall
	increase of 3.5%, for all policies effective of	on and after January 1, 2009.	
	*Adjusted to reflect all prior ra **Change in Company's pren		ılt from application of new
	rates.		_
		AmGUARD Insura	
			me of Company
			e Filings Representative
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	\$4,685,791	-1.60%
	Line of Insurance		
D	as Elias and samb, to contain torritors	(tarritarios) or cortain alasses? If so, specify:	Class code 9101 Maximum Minimum
	es filing only apply to certain territory (nium of \$500	(territories) or certain classes? If so, specify:	Class code 9101 Maximum Milliandin
FIEL	irain of \$300		
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify orga	inization):
		-0457 is filing to adopt the NCCI's 1/1/2009 Loss Cost	
<i>.</i> g.	, and the state of		
*Ad	ljusted to reflect all prior rate changes	•	
**C	hange in Company's premium level w	hich will result from application of new rates.	
		Argonaut Great Central Insura	ance Company 19860-0457
		Na	me of Company
			. Acad at
		Stefanie Westerdahl Regulato	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

springfield, illinois

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$2,403,615	4.70%
	Line of Insurance		
	* · · · · · · · · · · · · · · · · · · ·	(territories) or certain classes? If so, specify:	Class Code 9101 Maximum Minimum
Pren	nium \$500		
Brie	of description of filing (If filing follows	rates of an advisory organization, specify orga	anization):
		to adopt NCCI's 1/1/2009 Rates and keep our +15% dev	
Aigu	made modulation company 10001 0401 to ming	to daspit to oto it in zeoo t talos and keep ear 1979 as	
*Ad	justed to reflect all prior rate changes	.	
		which will result from application of new rates.	
		• •	
		Argonaut Insurance Company	19801-0457
		Na	me of Company

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage		
2	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	0000004	0.000/
15.	Other Workers Compensation	\$906,391	-0.80%
	Line of Insurance		
Dog	es filing only apply to certain territory /	territories) or certain classes? If so, specify:	Class Code 9101 Maximum Minimum
	nium \$500	termones, or certain diasses: it so, specify.	Class Code 5101 Waximum William
	main 4000		
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify orga	nization):
		7 is filing to adopt NCCI's 1/1/2009 Rates and keep our -	
	ljusted to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rates.	
		Argonaut-Midwest Insurance (
		Na	me of Company
		Stefanie Westerdahl Regulato	ry Analyst
		· · · · · · · · · · · · · · · · · · ·	Official – Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity 7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other <u>Workers' Compensation</u> Line of Insurance	259,607	+0.30%
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of and its filling follows rates of and its filling follows rates of an analysis of the filling f	n advisory /01/09 Loss Costs
while maintaining our current loss	s cost multiplier of 1.30	for all class codes.
* Adjusted to reflect all prior a ** Change in Company's premium lev result from application of new	vel which will	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
	,	
	BancInsure, In Name of Compar	c. JAN 0 1 2009
		SPRINGFIELD, ILLINOIS
	Kathryn A. Shilling - Fil Official - Tit	
H29219D	Official - Ill	TE



SUMMARY SHEET

SPRINGFIELD, ILLINOIS

Change in Company's premium revision effective 01/01/2		y rate
(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
Coverage	Volume (Illinois) *	Change (+ OI /
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass 6. Fidelity		
7. Surety		<u> </u>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	9,473,406	+3.8%
Line of Insurance	3/1/3/100_	
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	n): Adopting NCCI's 1-1-0	n advisory 9 WC loss costs. Also
adopting a revised premium discour	ic capie.	

*	Adjusted	to	reflect	all	prior	rate	changes.

Bituminous Casualty Corporation	
Name of Company	_

Dan Trotter - Director - Rate Development & Filings
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.



SUMMARY SHEET

Change in Company's revision effective	premium or	rate 1	level	produced by	PANGFIELD.	// / / / / / / / / / / / / / / / / / /
revision effective	01/01/2009			·		- SIONIA

revision effective 01/01/2	2009	y Tates ILLD, ILLINOIS
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety 8. Boiler and Machinery		
9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail	1 070 102	+3.8%
15. Other Workers Compensation Line of Insurance	1,878,183	
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of an): Adopting NCCI's 1-1-0	n advisory 09 loss costs. Also
adopting a revised premium discour	nt table. Finally, establ	ishing a company
specific LCM in lieu of applying a	a company deviation agains	t BCC rates.

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

N.	
	Bituminous Fire and Marine Insurance Company
	Name of Company

Dan Trotter - Director - Rate Development & Filings Official - Title

SUMMARY SHEET

1.	Coverage Automobile Liability Private Passenger	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger		
2	Private Passenger		
2			
2	Commercial		
۷.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,609,526	+3.5
	Line of Insurance		
Does fili	ing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No			
,			

result from application of new rates.

Capitol Indemnity Corporation Name of Company Lois Beld, Senior Rate Official - Title

SUMMARY SHEET

C	Change in Company's premium or ra	te level produced by rate revision effective	April 1, 2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		•
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	•	
14.	Crop Hail		
15.	Other Workers Comp	\$6,703,021	+6.9%
	Line of Insurance		
Does fi na	ling only apply to certain territory (territories) or certain classes? If so, specify:	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Central Mutual Ins Co
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

	Change in Company's premium of	or rate level produced by rate revision effective	Jan. 1, 3282,038
	ondingo in company o promane	, ale leter produced by rate resident enecase	
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or 1)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4.	Liability Other than Auto Burglary and Theft		
5. 6.	Glass Fidelity		
7. 8.	Surety Boiler and Machinery		
9. 10. 11.	Fire Extended Coverage Inland Marine		
12.	Homeowners		
13. 14.	Commercial Multi Peril Crop Hail		
15. 16.	Workers Compensation Other	\$4,545,249.00	5.77%
oes filir	ng only apply to certain territory (ter	ritories) or certain classes? If so, Specify	

* Adjusted to reflect all prior rate changes.

Church Mutual Insurance Company
Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

Director--Casualty Lines
Official - Title

SPRINGFIELD, ILLINOIS

11/13/2008

^{**} Change in Company's premium level which will result from application of new rates.

C	Change in Company's premium or r	ate level produced by rate revision effective	3/1/09
	(1)	(2) Annual Premium	(3) Percent
_	Coverage	Volume (Illinois)*	Change (+ or -)**
1	utomobile Liability	•	
	Private Passenger		
	Commercial		<u></u>
F	utomobile Physical Damage		
	Private Passenger		
	Commercial		
	iability Other Than Auto		
	Burglary and Theft		
	Blass	<u> </u>	
	idelity		
	Surety		
	Boiler and Machinery		
	ire		
	xtended Coverage		
	nland Marine		
	lomeowners		
	Commercial Multi-Peril		
	Crop Hail		
		04 445 000	2 500/
C	Other Workers Compensation Line of Insurance	\$1,115,866 (territories) or certain classes? If so, specify	3.50% No
es ——	Other Workers Compensation Line of Insurance Filing only apply to certain territory (territories) or certain classes? If so, specify rates of an advisory organization, specify orga	No nization):
es —	Other Workers Compensation Line of Insurance Filing only apply to certain territory (territories) or certain classes? If so, specify	No nization):
es ef c	Other Workers Compensation Line of Insurance Filing only apply to certain territory (territories) or certain classes? If so, specify rates of an advisory organization, specify orga	No nization):
es ef c	Other Workers Compensation Line of Insurance filing only apply to certain territory (territories) or certain classes? If so, specify rates of an advisory organization, specify orga	No nization):
ef o	Other Workers Compensation Line of Insurance filing only apply to certain territory (description of filing. (If filing follows Postpone NCCI's effective date of a	territories) or certain classes? If so, specify rates of an advisory organization, specify orga	No nization):
ef c	Other Workers Compensation Line of Insurance filing only apply to certain territory (description of filing. (If filing follows Postpone NCCI's effective date of a	territories) or certain classes? If so, specify rates of an advisory organization, specify orga	No nization):
es ef c	Change in Company's premium level	territories) or certain classes? If so, specify rates of an advisory organization, specify orga pproval circular IL-2008-13 from 1/1/09 to 3/1/0	No nization):
ef c	Other Workers Compensation Line of Insurance filing only apply to certain territory (description of filing. (If filing follows Postpone NCCI's effective date of a	rates of an advisory organization, specify organization in advisory organization, specify organization in a specify organi	No nization):
es ef c	Change in Company's premium level	rates of an advisory organization, specify organization in advisory organization, specify organization in a specify organi	No nization):
es ef c	Change in Company's premium level	rates of an advisory organization, specify organization in advisory organization, specify organization in a specify organi	No nization): 09. BIA NATIONAL INS. CO
ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 ses. el which will result from application of new rates COLUMI	No nization): 09. BIA NATIONAL INS. CO
ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 ses. el which will result from application of new rates COLUMI	No nization): 09. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU
ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 ses. el which will result from application of new rates COLUMI	No nization): 09. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU Research & Developmer
es ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 ses. el which will result from application of new rates COLUMI	No nization): 09. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU
es ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 ses. el which will result from application of new rates COLUMI N COLUMI N De Director,	No nization): D9. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU Research & Developmer Official - Title
es ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 ses. el which will result from application of new rates COLUMI N COLUMI N De Director,	No nization): D9. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU Research & Developmer Official - Title
es ef c	Charge in Company's premium level	rates of an advisory organization, specify organization of the substitution of the sub	No nization): D9. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU Research & Developmer Official - Title ON OF INSURANCE
ef o	Charge in Company's premium level	rates of an advisory organization, specify organization of the substitution of the sub	No nization): 09. BIA NATIONAL INS. CO Jame of Company nnis McVay, CPCU Research & Developmer
es ef c	Charge in Company's premium level	rates of an advisory organization, specify organization circular IL-2008-13 from 1/1/09 to 3/1/09 es. el which will result from application of new rates COLUMI N COLUMI N COLUMI N De Director, STATE OF ILLINOIS/IDFPR DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR DIVISION OF INSURANCE De Director, STATE OF ILLINOIS/IDFPR DIVISION OF INSURANCE De Director, STATE OF ILLINOIS/IDFPR DIVISION OF INSURANCE De Director, STATE OF ILLINOIS/IDFPR DIVISION OF INSURANCE DE DIVISION OF INSURANCE DIVISION OF INSURA	No nization): D9. BIA NATIONAL INS. CO lame of Company nnis McVay, CPCU Research & Developmer Official - Title ON OF INSURANCE E OF ILL MOSTRANCE

SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

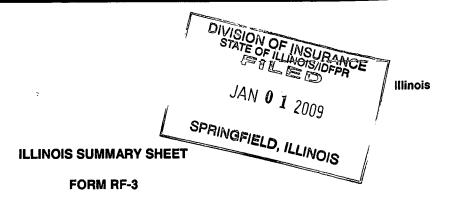
Change in Company's premium or rate level produced by rate revision effective

DIVISION OF INSUFANCE SPRINGFIELD

January 1, 2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
4.	Liability Other Than Auto Burglary and Theft		
6.	Glass Fidelity Surety		
8.			
11	Extended Coverage Inland Marine Homeowners		
13 14	Commercial Multi-Peril Crop Hail		
15	Other Workers' Compensation Line of Insurance	\$58,059,121	3.8%
Do No		ry (territories) or certain classes? If so	, specify:
	ef description of filing. (If filing follo te filing based on NCCI's approv	ws rates of an advisory organization, sed advisory loss costs.	pecify organization):
*	Adjusted to reflect all prior rate che Change in Company's premium le result from application of new rate	vel which will	
		<u></u> -	Commerce & Industry Insurance Company
		ON OF INSURANCE OF ILLINOIS/IDEA	Name of Company Joseph Russo
H2	9219D	1311 0 I 2 200	Assistant Manager of State Filings Official - Title

Land Control Control



Official - Title

Change in Company's premium or rate level produced by rate	revision effectiveJanua	ry 1, 2009
(1) Coverage	(2) Annual Premium	(3) Percent
	Volume (Illinois)*	Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	-	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,000,000	3.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	classes? If so, specify No.	0
		The state of the s
Brief description of filling (if filling follows rates of an advisory of	rganization, specify organiza	ation) Adopting NCCI
Voluntary rates and rating values effective January 1, 20	009 without deviation. Ac	lopting NCCI January 1, 2009
Experience Rating Plan values, expected loss rates and	d-ratios, and NCCI retro	psective rating plan values.
Adjusted to reflect all prior rate changes.		
** Change in Company's premium level which will result from	application of new rates.	
	O-matter -	atal la domanita (Comerciae)
	Contine	ntal Indemnity Company
		Name of Company
	Joan Kli	scarich Actuary

Section 75	4.EXHIBIT A	Summar	y Sheet	(Form	RF-3)

SUMMARY SHEET

on 754.EXHIBIT A Summary Sheet (Form RF-3)	STATE OF INC.
FORM (RF-3)	FOR ILLINOUS/IDFANCE
SUMMARY SHEET	JAN 0 1 2009
SUMMARY SHEET Change in Company's premium or rate level produced by rate effective January 1, 2009	revision/GFIELD, ILLINOIS

(1) (2) (3)**Annual Premium** Percent Volume (Illinois) * Change (+or-) ** Coverage Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 149,265 +1.6 % Life of Insurance Does filing only apply to certain territory (territories) or certain

Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify

organization):

EastGUARD adopts the Advisory Rates as released by the National

Council on Compensation Insurance., effective January 1, 2009 per IL-2008-13, which reflects an overall increase of 3.5%, for all policies effective on and after January 1, 2009.

*Adjusted to reflect all prior rate changes.

EastGUARD Insurance Company Name of Company Jolene Carey, State Filings Representative

Official - Title

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	I produced by rate revision effective	01/01/09
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$8,778,212	3.80%
Does filing only apply to certain territory (ter exception for class code 6204 Drilling NOC		All territories, all classes with
Brief description of filing. (If filing follows rat advisory rates approved in NCCI circular IL-	tes of an advisory organization, specify organization, specify organization of 1.00.	anization): We are adopting the
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	•	SCO Insurance Company
		Name of Company
		Name of Company
	Don Coughe	
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

50 JLLINOIS ADMINISTRATIVE CODE

CHAPTER I. § 754 SUBCHAPTER I

eny Marie Counce Senior Product Manager

Section 754.EXHIBIT A Su	mmary Sheet (Form RF-3
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FORM (RF-3)

SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
,	Automobile Liability Private		
	Passenger		
	Commercial Automobile Physical Damage		
•	Private Passenger		
	Commercial	•	
	Liability Other Than Auto		
	Burglary and Theft		
•	Glass		·
	Fidelity Surety		
	Boiler and Machinery		
	Fire		
•	Extended Coverage		
•	Inland Marine Homeowners		
	Commercial Multi-Peril		
	Crop Hail	4	2.00/
•	Other Workers' Compensation	1,275,846	+3.8%
	Does filing only apply to cert classes? If so, specify:	ain territory (territon	ries) or certain
	Brief description of filing. organization, specify organiza	tion): National	Council in
	Composition Insur Verlased 11-11-08	ance Circular	IL-2008-15
	*Adjusted to reflect all prio **Change in Company's premium new rates. SION OF INSURANCE SION OF INSURANCE	r rate changes. level which will resul	t from application of
		1 0	,

CONGELETO ILTINOIS

JAN 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	01/01/09	
(1)	(2) Annual Premium	(3 Pero	
Coverage	Volume (Illinois)*	Change	(+ or -)**
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass		•	
6. Fidelity		<u> </u>	
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	\$4,459,333	4.50%	
Line of Insurance			
Does filing only apply to certain territory (terri		All territories, all c	lasses with
exception for class code 6204 Drilling NOC a	nd Drivers rate of \$11.72		
Date the said the set filler of the set of t	and an advisery experiention analyte	ranization): \\/o o	e adopting the
Brief description of filing. (If filing follows rate		ganization). vve ai	e adopting the
advisory rates approved in NCCI circular IL-2	008-13 at current modification of 1.00.		
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level which	will result from application of new rates		
Change in Company's premium level which	will result from application of new rates.		
	Employ	ers Mutual Casualty Compan	v
		Name of Company	· y
		ranio or company	
	Don Coug		ant Vice President
		Official - Title	



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by r	3/1/2009					
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)**				
1: Automobile Liability Private Passenger Commercial 2: Automobile Physical Damage Private Passenger Commercial 3: Liability Other than Auto 4: Burglary and Theft 5: Glass 6: Fidelity 7: Surety 8: Boiler and Machinery 9: Fire 10: Extended Coverage 11: Inland Marine 12: Homeowners 13: Commercial Multi-Peril 14: Crop Hail 15: Workers Compensation 16: Other	3,503,701	+ 3.8% @				
Does filing only apply to certain territory (territories)	or certain classes? If so, specify	No				
Brief description of filing (if filing follows rates of an a	Brief description of filing (if filing follows rates of an advisory organization, specify organization)					
Adoption of NCCI approved 1/1/09 loss costs with a NCCI approval circular IL-2008-13	company effective date of 3/1/200	9. No change to 1.600 loss cost multiplier.	<u> </u>			

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

@ estimated

Everest National Ins. Co Shiranie Fermandez
Official - Tit



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2009 (3) (1) (2) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage 1. **Automobile Liability Private Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass Fidelity 6. 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 1,190,680 8.0% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss costs and keeping curent LCM's

Farmland Mutual Insurance Company

Name of Company

Brad Liggett - Vice President Underwriting

Official - Title



JAN 0 1 2000

y weight, marci

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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/ B	OF INSUFERIOR	FPRCE
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ov rate revision	P. // .	

Change in Company's premium or rate level produced by ILLINOIS effective 01/01/2009

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage	THE PARTY OF THE P	
Inland Marine	***************************************	
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Otherwo	4,439,496	13.3
Life of Insurance		
Does filing only apply to certa	in territory (territories) o	r certain
Classes? If so.	in territory (territorico) of	- Contain
specify: No.		
Brief description of filing. (If f	iling follows rates of an a	advisorv
Organization, specify	9	
organization):	Loss cost adoption.	
,		
*Adjusted to reflect all prior ra **Change in Company's prem		1

Federated Rural Electric Insurance Exchange

Name of Company

Shelly George, Actuarial Asst.

Official - Title

rates.

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IDFPR (MPC) Division of Insurance Springfield

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	6.8%
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial	M-MANUE.	
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	- 11	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,373,687	6.8%
	Line of Insurance	-	
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	-,
Brief o	description of filing. (If filing follows are filing to adopt the 1/1/2009 NCCI le	rates of an advisory organization, specify open costs. We are keeping our current loss	organization): cost multiplier of 1.388.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

ISION OF INSURANCE	7
NOV 0 1 2000	1

Change in Company's premium or rate level produced by rate revision effective November 1, 2008

(1)	(2) Annual Premium	(3) Percent	
Coverage	Volume (Illinois) *	Change (+or-) **	
Automobile Liability Private			
Passenger			
Commercial			
Automobile Physical Damag			
Private Passenger		•	
Commercial			
Liability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage			
Inland Marine			
Homeowners			
Commercial Multi-Peril			
Crop Hail			
Other Workers' Compensation	\$1,473,533	+0.8	
Life of Insurance			
Does filing only apply to certa	ain territory (territories) or	r certain	
Classes? If so,	an territory (territorico) of	- Cortain	
specify:			
Brief description of filing. (If filing follows rates of an advisory			
Organization, specify		•	
organization):	Change in Schedule Rati	ng Factor from -/+ 25% to -/+ 35%	
effective 11-1-2008			

Gateway Insurance Company

Name of Company

Lyn Ward - Compliance Officer

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	evel produced by rate revision effective	01/01/09		
(1)	(2) Annual Premium	(3) Percent		
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>		
Automobile Liability Private Passenger Commercial				
2. Automobile Physical Damage Private Passenger Commercial				
3. Liability Other Than Auto4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety8. Boiler and Machinery				
9. Fire				
10. Extended Coverage11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
Crop Hail Other <u>Workers' Compensation</u> Line of Insurance	\$13,223,569	3.66%		
Yes, the 1.05 deviation applies to classed Brief description of filing. (If filing follow 2009 Advisory Workers' Compensation of 1.05 to the class codes indicated below 0042 5057 5221 5473 6017 6235 0050 5059 5222 5474 5539 6018 6236 1322 5069 5223 5478 5551 6045 6237 3365 5102 5348 5479 5606 6204 6251 3719 5146 5402 5480 5610 6206 6252 3724 5160 5403 5491 5645 6213 6260 3726 5183 5437 5506 5651 6214 6306 5020 5188 5443 5507 5703 6216 6319 5022 5190 5445 5508 5705 6217 6325	vs rates of an advisory organization, specked Rates filed by the NCCI effective January ow: 7601 7605 7611 7612 7613 7855 8227 9534	cify organization): Adopt the January 1,		
5037 5213 5462 5535 6003 6229 6400				
	5040 5215 5472 5537 6005 6233 7538			
We also wish to retain our same overall 1.05 deviation. In summary, for the above class codes, the 1.05 would be applied to the rate, and then the overall 1.05 would be applied to that rate.				
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.				
RECE	VED General C	Casualty Insurance Company Name of Company		
NOV 17	2008 <u>Kendra Benninger</u>	- C/L Operations System Technician Official - Title		
IDFPR (N DIVISION OF IN SPRINGE	IPC) Surange Le			

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	1/1/09
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	,	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	11,154,980	3.30%
Does filing only apply to certain territory (ter Brief description of filing. (If filing follows re		
1/1/09 rates.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	General Cas	s. ualty Company of Wisconsin Name of Company C/L Operations System Technician
		Official – Title

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SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

January 1, 2009

Change in Company's premium or rate level produced by rate revision effective

(2) (3) (1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 3.8% 15. Other Workers' Compensation \$298,179 Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate filing based on NCCI's approved advisory loss costs.

- Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Granite State Insurance Company

Name of Company

Joseph Russo Assistant Manager of State Filings

Official - Title

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective 01/01/0	9
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		•
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$4,025,671	4.20%
Line of Insurance		
Does filing only apply to certain territory (terrexception for class code 6204 Drilling NOC		All territories, all classes with
Brief description of filing. (If filing follows rat advisory rates approved in NCCI circular IL-	tes of an advisory organization, specify organization (2008-13 at current modification of 1.00.	on): We are adopting the
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic		_
		o Insurance Company
	Name	of Company
	Don Coughennowe	
	Offic	cial - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

January 1, 2009

Change in Company's premium or rate level produced by rate revision effective

(3)(1) (2) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 3.8% \$69,437,736 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Rate filing based on NCCI's approved advisory loss costs.

Illinois National Insurance Company

Name of Company

Joseph Russo Assistant Manager of State Filings

Official - Title

N OF INSUITANCE

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: 1/1/09

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary & Theft		
5.	Glass		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
6.	Fidelity		FOLED
7.	Surety		JAN 0 1 2009
8.	Boiler & Machinery		i
9.	Fire	•	SPRINGFIELD, ILLINOIS
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	\$584,888.00	+3.5%
16.	Other:		
Does fil If so, sp		(territories) or certain classes? <u>No</u>	
Brief de 2009 , v	ve wish to adopt the NCCI filin	s rates of an advisory organization, specific of advisory rates and rating values to the in The IMT Crown IMT Incurance Community	hat were filed and approved to be

effective that date for both companies in The IMT Group - IMT Insurance Company and Wadena Insurance Company.

IMT Insurance Company Name of Company

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

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SUMMARY SHEET

January 1, 2009 Change in Company's premium or rate level produced by rate revision effective (3) (2) (1) Percent Annual Premium Change (+ or -)** Coverage Volume (Illinois)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail \$27,420,041 3.8% 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate filing based on NCCI's approved advisory loss costs. Adjusted to reflect all prior rate changes. Change in Company's premium level which will

result from application of new rates.

The Insurance Company of the State of Pennsylvania Name of Company

Joseph Russo

Assistant Manager of State Filings

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent Change (+ <u>or -)**</u>
<u>Coverage</u>	Volume (Illinois)*	Change (1 Oi)
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$14,107	+3.5%
15. Other Workers' Compensation Line of Insurance		
n - su	y (territories) or certain classes? If so, spec	cify: No
	organization en	ecify organization): We are adopting the
Brief description of filing. (If filing follo	ws rates of an advisory organization, sp	ecify organization): We are adopting the
Brief description of filing. (If filing follo NCCI Voluntary rates effective 1/1/09.	ws rates of an advisory organization, sp We are filing a maximum minimum pre	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI
Brief description of filing. (If filing following NCCI Voluntary rates effective 1/1/09 maximum minimum premium of \$1000	ws rates of an advisory organization, sp. We are filing a maximum minimum pre	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm
Brief description of filing. (If filing follo NCCI Voluntary rates effective 1/1/09 maximum minimum premium of \$1000	ws rates of an advisory organization, sp. We are filing a maximum minimum pre	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm
Brief description of filing. (If filing follo NCCI Voluntary rates effective 1/1/09 maximum minimum premium of \$1000	ws rates of an advisory organization, sp We are filing a maximum minimum pre	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm
Brief description of filing. (If filing follo NCCI Voluntary rates effective 1/1/09 maximum minimum premium of \$1000	ws rates of an advisory organization, sp. We are filing a maximum minimum pre	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm
Brief description of filing. (If filing follo NCCI Voluntary rates effective 1/1/09 maximum minimum premium of \$1000 minimum premium is \$750. The man algorithm we filed in 2007, under filing	ws rates of an advisory organization, sp. We are filing a maximum minimum pred. Please see the attached manual excelual exception page shows the maximun number 2006-02, for our company specifications.	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm
Brief description of filing. (If filing follon NCCI Voluntary rates effective 1/1/09. maximum minimum premium of \$1000 minimum premium is \$750. The man algorithm we filed in 2007, under filing	ws rates of an advisory organization, sp. We are filing a maximum minimum pred. Please see the attached manual excelual exception page shows the maximun number 2006-02, for our company specifications.	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI of page which indicates the maximum n minimum premium and the premiumm c shedule rating plan.
Brief description of filing. (If filing follon NCCI Voluntary rates effective 1/1/09. maximum minimum premium of \$1000 minimum premium is \$750. The man algorithm we filed in 2007, under filing	ws rates of an advisory organization, sp. We are filing a maximum minimum pred. Please see the attached manual exceptual exception page shows the maximum number 2006-02, for our company specifies.	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI oftion page which indicates the maximum n minimum premium and the premiumm c shedule rating plan.
Brief description of filing. (If filing follon NCCI Voluntary rates effective 1/1/09. maximum minimum premium of \$1000 minimum premium is \$750. The man algorithm we filed in 2007, under filing	ws rates of an advisory organization, sp. We are filing a maximum minimum pred. Please see the attached manual exceptual exception page shows the maximum number 2006-02, for our company specifies.	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm c shedule rating plan. EMIC Indemnity Company
Brief description of filing. (If filing follon NCCI Voluntary rates effective 1/1/09. maximum minimum premium of \$1000 minimum premium is \$750. The man algorithm we filed in 2007, under filing	ws rates of an advisory organization, sp. We are filing a maximum minimum pred. Please see the attached manual exceptual exception page shows the maximum number 2006-02, for our company specifies.	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI option page which indicates the maximum n minimum premium and the premiumm c shedule rating plan. EMIC Indemnity Company Name of Company Name of Company
Brief description of filing. (If filing follon NCCI Voluntary rates effective 1/1/09. maximum minimum premium of \$1000 minimum premium is \$750. The man algorithm we filed in 2007, under filing	ws rates of an advisory organization, sp. We are filing a maximum minimum pred. Please see the attached manual exceptual exception page shows the maximum number 2006-02, for our company specifies.	ecify organization): We are adopting the mium of \$750 as oppposed to the NCCI otion page which indicates the maximum minimum premium and the premiumm c shedule rating plan. EMIC Indemnity Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

DIVISION OF INSURANCE STATE OF ILLINGWIDEPR

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

JAN 0 1 2009

SUMMARY SHEET SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective January 1, 2009

- -	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minois)	
1.	Passenger		
	Commercial		
2	Automobile Physical Damag		
2.	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	<u></u>	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$172,499 manual premium	+3.4% Est on distribution of current book
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: Statewid		certain
	Brief description of filing. (If fi Organization, specify	ling follows rates of an a	dvisory
	organization):	Adoption of NCCI filed & a	approved Illinois Loss Costs 1/1/09
	Approval circular IL-2008-13 and Filing C		
	Same Loss Cost Multipliers as current filing		7 for Code Group 2.
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.		

Michigan Commercial Insurance Mutual

Name of Company

Veronica Matejko - Corporate Compliance & Statistics Manager

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

SPRINGFIELD, ILLINOIS

50 ILLINOIS ADMINISTRATIVE CODE

CHAPTER I, § 754 SUBCHAPTER I

Section 754.EXH1BIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

Annual Premium Per Coverage Volume (Illinois)* Change (Automobile Liability Private Passenger 0.00% Commercial 0.00% Automobile Physical Damage Private Passenger 0.00% Commercial 0.00% Liability Other Than Auto 0.00% Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00% Homeowners 0.00%	(+ or -)
Passenger 0.00% Commercial 0.00% Automobile Physical Damage 0.00% Private Passenger 0.00% Commercial 0.00% Liability Other Than Auto 0.00% Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Commercial 0.00% Automobile Physical Damage 0.00% Private Passenger 0.00% Commercial 0.00% Liability Other Than Auto 0.00% Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine 0.00% 0.00%	
Private Passenger 0.00% Commercial 0.00% Liability Other Than Auto 0.00% Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Commercial 0.00% Liability Other Than Auto 0.00% Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Liability Other Than Auto 0.00% Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Burglary and Theft 0.00% Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Glass 0.00% Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Fidelity 0.00% Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Surety 0.00% Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Boiler and Machinery 0.00% Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Fire 0.00% Extended Coverage 0.00% Inland Marine 0.00%	
Extended Coverage 0.00% Inland Marine 0.00%	
Inland Marine 0.00%	
Homeowners 0.00%	
Commercial Multi-Peril 0.00%	
Crop Hail 0.00%	
Other Workers Compensation \$954536 3.50%	
Life of Insurance Sept 2007 to Oct 2008	
Does filing only apply to certain territory (territories) or ceclasses? If so, specify: All territories.	ertain

*Adjusted to reflect all prior rate changes.

Midwest Family Mutual Insurance Company

Rame of Company

--- O---- DOD A---b--4

Heather Sams, R&D Analyst

Official--Title

SOS - ISL' - CODE UNIT

^{**}Change in Company's premium level which will result from application of new rates.

NOV 1 2 2008

ILLINOIS

IDFPR (MPC) DIWSION OF INSURANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET FORM RF-3

Chang	ge in Company's premium or rate level p (1)	oroduced by rate revision effective: (2) (3)	1/1/2009
	(-)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
2			
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	·	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	_	
15.	Workers Compensation	12,220,111	+3.5%
16.	Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization). Midwest Insurance Company is adopting the NCCI advisory rates effective January 1, 2009 with previously approved 10% downward deviations for class codes 2003, 3145, 3400, 3632, 8001, 8006, 8010, 8017, 8018, 8021, 8033, 8046, 8832, 9052, 9058, 9060, 9082, 9083, 9586.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company
Name of Company

LIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

CPRINGFIELD, ILLINOIS

Larry E. Hochstetler-VP Planning

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

3. Commercial Multi-Peril 4. Crop Hail 5. Other Workers' Compensation Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Direct description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI Costs and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be tandard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zettau- Bureau/Forms Compliance Manager Official - Title DIVISION OF INSURANCE For Division of Insurance JAN 0 1 2009 SPRINGFIELD ILLINGS		ate level produced by rate revision effective	January 1, 2009
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify organization): Adopting NCCL Costs and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be tandard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. "Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Title JAN 0 1 2009	(1)		(3)
Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire O. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Strief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Doests and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be landered company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co.		Annual Premium	
Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify organization): Adopting NCCL Costs and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be tandard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jan Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE For L. Light Park JAN 0 1 2009	. Automobile Liability Private		
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: rief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI costs and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be tandard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau-Bureau/Forms Compliance Manager Official - Tritle DIVISION OF INSURANCE (For D. Company) JAN 0 1 2009			
Liability Other Than Auto Burglary and Theft Glass Glass Fidelity Surety Boiler and Machinery Fire D. Extended Coverage Lindand Marine P. Homeowners Compensation Crop Hall Crop Hall Crop Hall Cord Hall Company Low Tales of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: Fire description of filing, (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Desits and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official - Title DIVISION OF INSURANCE That Company JAN 0 1 2009		raia!	
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage I. Inland Marine 2. Homeowners Commercial Multi-Peril Crop Hall Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: Prief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Dists and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official - Title DIVISION OF INSURANCE THE OF ILLINOIS/DEFER JAN 0 1 2009			
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: dief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Dists and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company. Adopting NCCI Dists and revising Company business will be renewed onto Security National our new select company.			
Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: dief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCL pasts and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE For Insurance Manager Official – Title			
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: Dief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Dists and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE FOR INSURA			
Fire Extended Coverage Inland Marine Inland Marine Independent Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: Dief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Dists and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be andered company. Much of it's business will be renewed onto Security National our new select company. Division of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE Company JAN 0 1 2009			
Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: ief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Dists and revising Company LCMs. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Individual to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company JON Zetlau- Bureau/Forms Compliance Manager Official - Title DIVISION OF INSURANCE TATE OF ILLINOIS/IDFFRE To ILLINOIS/IDFFRE JAN 0 1 2009			
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: Dief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopting NCCL sits and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Division of it's business will be renewed onto Security National our new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official - Title Division of Insurance Division of Insurance Anager Official - Title JAN 0 1 2009			
Commercial Multi-Peril Crop Hail Other Workers' Compensation Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: Dief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopting NCCI sets and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Cigusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zettau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE TATE OF ILLNOIS/IDFERE JAN 0 1 2009			
Crop Hail Other Workers' Compensation Line of Insurance Description of filing only apply to certain territory (territories) or certain classes? If so, specify: Dief description of filing, (If filing follows rates of an advisory organization, specify organization): Adopting NCCI lests and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Division of Insurance Manager Official – Title DIVISION OF INSURANCE (SIGNOFER Company LCM) and 1 2009			
Division of manager Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jan Zetlau- Bureau/Forms Compliance Manager Official – Tritle DIVISION OF INSURANCE JAN 0 1 2009			
Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Dief description of filling. (If filling follows rates of an advisory organization, specify organization): Adopting NCCI Dosts and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE For ILLINO/S/IDFPRE JAN 0 1 2009		8.558.076	7.23%
ief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI osts and revising Company LCM's. We are also revising our tier structure so that Milwaukee Casualty will be andard company. Much of it's business will be renewed onto Security National our new select company. Indicated to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Milwaukee Casualty Ins. Co. Name of Company Jon Zetlau- Bureau/Forms Compliance Manager Official – Tritie DIVISION OF INSURANCE For ILLINGIS/INDERS JAN 0 1 2009			
Jan Zetlau- Bureau/Forms Compliance Manager Official – Title DIVISION OF INSURANCE TATE OF ILLINOIS/IDFPR JAN 0 1 2009	djusted to reflect all prior rate cha Change in Company's premium le	anges. evel which will result from application of new rates	
Jon Zetlau- Bureau/Forms Compliance Manager Official - Title DIVISION OF INSURANCE TATE OF ILLINOIS/IDEPR JAN 0 1 2009	, "		
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L THE STATE OF THE PARTY OF THE			DIVISION OF INSURANCE
LINOIS			DIVISION OF INSURANCE JAN 0 1 2009

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	, ,	• • • • • • • • • • • • • • • • • • • •
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft	CE	
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Sidelity		
6. Fidelity		
6. Fidelity 7. Surety JAN 0 1 2009		
8. Boiler and Machinery		
9. Fire CORINGEIS		
9. Fire 0. Extended Coverage	1	
1. Inland Marine	-	
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Workers Compensation	\$361,209	+3.8%
6. Other		***
Line of Insurance		
oes filing only apply to certain territory (territories) or certain o	classes? If so, specify	
ef description of filing (if filing follows rates of an advisory or	ganization, specify organiza	ition)
option of NCCI Workers Compensation Loss Cost Reference Filing	Number IL-2008-13, effective 0	01/01/2009.
A41.		

National Interstate Insurance Company Name of Company

Kathy Juhasz, Regulatory Compliance Spec. Official — Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD
January 1, 2009

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto Burglary and Theft		
5. Glass 6. Fidelity		
7. Surety8. Boiler and Machinery9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners13. Commercial Multi-Peril14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	\$10,350,458	3.8%
Does filing only apply to certain territo No.	ory (territories) or certain classes? If so	, specify:
Brief description of filing. (If filing follo	ows rates of an advisory organization, seed advisory loss costs.	specify organization):
* Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate	evel which will	
result from application of new rate		National Union Fire Insurance Company of Pittsburgh, PA
	N OF ILLINCIE TO	Name of Company
	132 3 1. 20 ²¹ —	Joseph Russo Assistant Manager of State Filings Official - Title

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
-	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	3,505,109	4.0%
	Line of Insurance		
Doe	es filing only apply to certain territory	(territories) or certain classes? If so, specify:	
		rates of an advisory organization, specify org	<u></u>
	· •		
*A4	justed to reflect all prior rate changes		
		hich will result from application of new rates.	
		Nationwide Agribusiness Insu	rance Company
		N.	ame of Company



Official - Title

Brad Liggett - Vice President Underwriting

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OPTIMOFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	200 101 001	0.00/
15. Other Workers' Compensation	\$86,424,694	3.8%
Line of Insurance		
Door filing only apply to certain ter	rritory (territories) or certain classes? If so,	specify:
No.	Thory (territorics) or certain diasses: 11 30,	opeony.
110.		
Brief description of filing. (If filing f	follows rates of an advisory organization, sp	ecify organization):
Rate filing based on NCCI's app		

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

New Hampshire Insurance Company

N OF INSURANCE OF ILLINOIS/IDEPR

Name of Company

Joseph Russo

Assistant Manager of State Filings

Official - Title

H29219D

TEO, LLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



JAN 0 1 2009

SPRINGFIELD, ILLINOIS Change in Company's premium or rate level produced by rate revision

	effective January 1, 2009	·	
-	(1)	(2) Annual Premium	(3) Percent
-	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		_
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		·
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$520,653	+3.7 %
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	specify: N/A	•	
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify	· ·	•
	organization):		visory Rates as released by the National
	Council on Compensation Insurance, Inc		2008-13, which reflects an overall
	increase of 3.5%, for all policies effective of	n and after January 1, 2009.	
	*Adjusted to reflect all prior ra **Change in Company's prem	ite changes. iium level which will resu	It from application of new
	rates.		
		NorGUARD Insura	
			me of Company
			e Filings Representative
		•	Official – Title



JAN 0 1 2009

Form (RF-3)

SUMMARY SHEET

		Springfield, illingib
Change in Company's premium revision effective January	n or rate level produ <mark>ted</mark>	by rate
(1)	(2) Annual Premium	.• (3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation	\$8,511,031	+3.8
Line of Insurance	10/022/002	
Does filing only apply to certain If so, specify:	territory (territories)	or certain classes?
Brief description of filing. (If organization	i): Old Republic General	I Insurance Corporation -2008-07 Advisory Loss
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
01	d Republic General Insur Name of Compa	
	J. Matthews - Assistant Vio Official - Ti	ce President, Compliance tle

SUMMARY SHEET

Change in Company's	premium	or	rate	level	produced	bу	rate
revision effective	January	1,	2009			•	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	<u> </u>	
5. Glass 6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	10 451 000	+0.3
15. Other Workers Compensation Line of Insurance	10,471,220	+0.3
Line of Insurance		
Does filing only apply to certain If so, specify:	territory (territories) o	or certain classes?
Brief description of filing. (If organization, specify organization	i): Old Republic Insuran	ce Company
	Adoption of NCCI IL- Costs, Rates, and Ra	2008-07 Advisory Loss ting Values

 $\mbox{\ensuremath{\star}}$ Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.

> Old Republic Insurance Company Name of Company

Deborah J. Matthews - Assistant Vice President -Compliance Official - Title

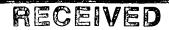
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DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

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SPAINGFIELD, ILLINOIS



NOV 1 9 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or)**
1. Automobile Liability	(
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,769,731	+3.5
16. Other		
Line of Insurance		
	O.I. No.	
loes filing only apply to certain territory (territories) or c	ertain classes? If so, specify No	
		. Adams Allows Allows
rief description of filing (if filing follows rates of an advi	sory organization, specify organiza	ation) Adoption of NCCI advisory rates and
miscellaneous values, effective 1/1/09.		

- Adjusted to reflect all prior rate changes.

 Change in Company's premium level which will result from application of new rates.

Praetorian Insurance Company Name of Company JAN 0 1 ZULIS O Official — Title CPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	1/1/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	- www	
10. Extended Coverage 11. Inland Marine	- And the state of	
11. Illiand Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	9,882,053	5.39%
Line of Insurance	<u> </u>	0.30 70
	v (territories) or certain classes? If so, specify	
*Adjusted to reflect all prior rate change **Change in Company's premium level	SION OF INSUHANCE WHITE WITH THE PROPERTY AND THE STATE OF THE PROPERTY AND THE STATE OF T	3 .
	1AN 0 1 2009 Regen	t Insurance Company Name of Company
Į.	CPRINGFIELD, ILLINOIS ndra Benninger -	C/L Operations System Technician Official – Title

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or ra	ate level pro	duced by rate revision	effective	January 1, 2009
(1)		(2) Annual Premium		(3) Percent
<u>Coverage</u>		Volume (Illinois)*		<u>Change (+ or -)**</u>
Automobile Liability Private				
Passenger Commercial				
Automobile Physical Damage Private Passenger Commerce	cial			
3. Liability Other Than Auto				
Burglary and Theft				
5. Glass6. Fidelity				
7. Surety				
8. Boiler and Machinery				
 Fire Extended Coverage 				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril14. Crop Hail	·	<u> </u>		
15. Other Workers' Compensation		2,360		2.46%
Line of Insurance				
Does filing only apply to certain territ	on (territor	ies) or certain classes?	If so, specif	fy:
paper will renew onto Security Natio	nal.			
No.				
*Adjusted to reflect all prior rate char **Change in Company's premium lev	nges. vel which w	ill result from application	n of new rat	es.
			Sar	curity National Ins. Co.
		· · · · · · · · · · · · · · · · · · ·		Name of Company
two sections		lor	. Zotlau Du	reau/Forms Compliance Manager
		<u>JUI</u>	i Zeliau- Du	Official – Title
	• ·			
A. San				
		and the second second		
A Company of the second				
grove or c		a separat de la companya de la comp		
		N 281 22 2 1		
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and the second of the second o		en e		DIVISION OF INSURANCE
ua programula Gillianus. Programuna alfaith th		The state of the s		STATE OF ILLINOIS/IDFPR
	Transmission of			
	a company and the contract of	to a secondary water and the two		JAN 0 1 2009
		the state of the s	•	2 2003
F 540 UNIFORM INFORMATION SERVICES, INC.	· .			SPRINGFIELD, ILLINOIS
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Section 754.EXHIBIT A Summary Sheet (Form RF-3)

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

FORM (RF-3)

SUMMARY SHEET

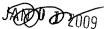
JAN 0 1 2009

Change in Company's premium or rate level produced by pate CVIII ILLINOIS effective 01/01/2009

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	volumo (minolo)	- Ondrigo (Or)
••	Passenger		
	Commercial	**************************************	
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	- ,	
8.	Boiler and Machinery		
9.	Fire	4	
10.	Extended Coverage		
11.	Inland Marine	To reserve	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$62,143	+3.5%
	Life of Insurance	and Carlotte and the second	
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: No No		
	Brief description of filing. (If Organization, specify organization): behalf by NCCI. Please reference	This filing follows the	dvisory 1-1-2009 loss cost filing on our
	DOMAIN DY THOUSE TO BE STONE TO BE		
	*Adjusted to reflect all prior rate of the company's pred		ılt from application of new
	ratoo	MATERIAL MATERIAL CONTRACTOR CONT	
	rates.	OFF 4 B 4	
_	rates.	SFM Mutual Insura	
		Na	ance Company me of Company P & Director of Underwriting

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR



FORM (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

	Change in Company's premiueffective 2/1/2009	um or rate level produced	by rate revision
-	(1) ·	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Coverage Automobile Liability Private	· Volume (minors)	- Change (1019)
1.	Automobile Liability Private		
	Passenger Commercial		
2			
2	Automobile Physical Damag		•
	Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	RE: Illinois Association of Building Maintenance Contractors	
13.	Commercial Multi-Peril		
14.	Crop Hail		,
15.	Other Workers' Compensation	34610166	+3.8%
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify: N/A	ain territory (territories) o	r certain
	Brief description of filing. (If f	filing follows rates of an a	advisory
	Organization, specify		
	organization):	1-month delayed of adopti	on of NCCI rates referenced in IL-2008-13
	+ A 1' - A - A		
	*Adjusted to reflect all prior ra **Change in Company's premote prior of interesting the company of the compan	ate cnanges. <u>nium level whi</u> ch will resu	ult from application of new
	rates. STATE OF ILLI	NOIS/IDEPR-	
	Faul U"	i echnology Insura	ance Company
	mirma /		ame of Company
	FCB 6 1		es Shoenfelt, ACAS
			Official - Title

SPRINGFIELD, ILLINOIS

Section 754-EXHIBIT A—Summary Sheet (Form RF-3)
STATE OF ILLINOIS/IDEPR
FORM (RF-3)

FORM (RF-3)

JAN 0 1 2009

SUMMARY SHEET



சிகர்த்து நடிக்கு premium or rate level produced by rate revision effective January 1, 2009

_	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	·	•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		The state of the s
8.	Boiler and Machinery	,	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
1 4 . 15.	Other Workers Compensation	400 477	.0.000/
13.	Life of Insurance	133,477	+8.92%
	Life of insurance		
*	Does filing only apply to certain	in territory (territories) or o	certain
	Classes? If so,	· · · · · · · · · · · · · · · · · · ·	
	specify: NO		
	Brief description of filing. (If fi	ling follows rates of an ad	lvisory
	Organization, specify	mig renews rates of arr as	
	organization):	NCCI 1/1/2009 Loss Cost fi	iling; Filing Circular IL-2008-07
	organization,		
		·	
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem		from application of new
	rates ISION OF INSURANCE		
	rates: SION OF INSURANCE STATE OF ILLINOIS/IDFPR	Triangle Insurance	Company
	U B Barr Russ Floor		ne of Company
	JAN 0 1 2009		, Products & Compliance
	JWIA A W COOS	•	official – Title
		1	

CODINGFIELD, ILLINOIS

F 540 UNIFORM INFORMATION SERVICES, INC.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		January 1, 2009
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
Private Passenger Comme	rcial	
3. Liability Other Than Auto		
 Burglary and Theft Glass 	1.00	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		7 700/
15. Other Workers' Compensation Line of Insurance	48,115	7.73%
	itory (territories) or certain classes? If so, spo	
*Adjusted to reflect all prior rate cha **Change in Company's premium le	evel which will result from application of new	
	Trini	ty Universal Ins. CoKansas Name of Company
	Jon Zetlau-	Bureau/Forms Compliance Manager Official - Title
		Official – True
· · · · · · · · · · · · · · · · · · ·		
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	and the second s	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
	en en grande en	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
		الربيا) المحادث المحاد
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR JAN 0 1 2009
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Illinois

JAN 0 1 2009

ILLINOIS SUMMARY SHEET

FORM RF-3

SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
(1) Coverage	Annual Premium	Percent
Coverage		Change (+ or -)**
. Automobile Liability		3 ()
Private Passenger		
Commercial		
. Automobile Physical Damage		
Private Passenger		
Commercial	<u> </u>	
. Liability Other than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
Surety		
Boiler and Machinery	•	
. Fire		
. Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
Crop Hail		
. Olop Hall		
	\$ 113,272	3.3%
Workers Compensation Other	\$ 113,272	3.3%
. Workers Compensation	\$ 113,272	3.3%
Workers Compensation Other Line of Insurance		
Workers Compensation Other Line of Insurance s filing only apply to certain territory (territories) of		
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes	or certain classes? If so, specify	
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes	or certain classes? If so, specify	
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an a	or certain classes? If so, specifyadvisory organization, specify organization)	
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an a	or certain classes? If so, specifyadvisory organization, specify organization)	
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an a	or certain classes? If so, specifyadvisory organization, specify organization)	
. Workers Compensation . Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes	or certain classes? If so, specifyadvisory organization, specify organization)	
Workers Compensation Other Line of Insurance s filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an application of NCCI's new rates by using our approved deviated. * Adjusted to reflect all prior rate changes.	or certain classes? If so, specifyadvisory organization, specify organization)	
Workers Compensation Other Line of Insurance s filing only apply to certain territory (territories) of applies to all standard classes f description of filing (if filing follows rates of an a	or certain classes? If so, specifyadvisory organization, specify organization)	
Workers Compensation Other Line of Insurance s filing only apply to certain territory (territories) of applies to all standard classes f description of filing (if filing follows rates of an applied of NCCI's new rates by using our approved deviated to reflect all prior rate changes.	or certain classes? If so, specifyadvisory organization, specify organization)	
Workers Compensation Other Line of Insurance s filing only apply to certain territory (territories) of applies to all standard classes f description of filing (if filing follows rates of an applied of NCCI's new rates by using our approved deviated to reflect all prior rate changes.	or certain classes? If so, specifyadvisory organization, specify organization) tion of -10%.	
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an apption of NCCI's new rates by using our approved deviate * Adjusted to reflect all prior rate changes.	or certain classes? If so, specifyadvisory organization, specify organization) tion of -10%.	o Casualty Company
Workers Compensation Other Line of Insurance s filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an application of NCCI's new rates by using our approved deviated. * Adjusted to reflect all prior rate changes.	or certain classes? If so, specifyadvisory organization, specify organization) tion of -10%.	
Workers Compensation Other Line of Insurance es filing only apply to certain territory (territories) of applies to all standard classes of description of filing (if filing follows rates of an apption of NCCI's new rates by using our approved deviate * Adjusted to reflect all prior rate changes.	or certain classes? If so, specifyadvisory organization, specify organization) tion of -10%.	o Casualty Company Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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SPRINGFIELD, ILLINOIS

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9.

effective 2/1/2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



SPRINGFIELD, ILLINOIS Change in Company's premium or rate level produced by rate revision-

(1) (2)(3)Annual Premium Percent Change (+or-) ** Volume (Illinois) * Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto **Burglary and Theft** Glass Fidelity Surety **Boiler and Machinery** Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 1462304 +3.8% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

*Adjusted to reflect all prior rate changes.

Organization, specify

organization):

Brief description of filing. (If filing follows rates of an advisory

FF3 0 1 2009

Wesco Insurance Company Name of Company Submitted by: James Shoenfelt, ACAS Official - Title

1-month delayed of adoption of NCCI rates referenced in IL-2008-13

SPRINGFIELD, ILLINOIS

^{**}Change in Company's premium level which will result from application of new VISION OF INSURANCE STATE OF ILLINOIS/IDFPR rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2009

•	SPRINGFIELI	D, ILLIN
(2)	(3)	
Annual Premium	Percent	
Volume (Illinois) * _	Change (+or-) **	
9		
	•	
\$61,559,476 (2007)	+3.5% (increase)	
rtain territory (territories) or	certain	
If filing follows rates of an ac	tvisory	
n ming ronows rates or arr as	2010019	
Adoption of Illinois Worker	s Compensation rates approved by	
rate changes.		
emium level which will resul	t from application of new	
West Bend, a Mutu	al Insurance Company	
Nar	ne of Company	
	Annual Premium Volume (Illinois) * \$61,559,476 (2007) Train territory (territories) or Adoption of Illinois Worker January 1, 2009 Trate changes emium level which will resul West Bend, a Mutu	Annual Premium Volume (Illinois) * Percent Change (+or-) ** Section 1.559,476 (2007)

Stephen J. Mueller - Product Development Specialist
Official - Title

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Form (RF-3)

SUMMARY SHEET

Production Specialist Product Management

Official - Title

IDFPR (MPC)
DIVISION OF AUTRANCE
SPRINGER

	Change in Company's premium or rate	level produced by rate revision effective	January 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability	•	
٠.	Private Passenger		_
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
5. 6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
o. 9.	Fire		
9. 10.	Extended Coverage		
10.	Inland Marine		
11.	Homeowners		
12.	Commercial Multi-Peril		
14. 15.	Crop Hail Other Workers' Compensation	21, 126,141	+3.6
13.	Line of Insurance	21, 120,171	
	Line of matranec		
Does	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
N/A		,	·
Brief	description of filing. (If filing follows r	ates of an advisory organization, specify of	organization):
Ove	rall premium level change of 3.6%. Add	opting January 1, 2009 advisory rates.	
	tfield Insurance Company #228-24112		
* A	djusted to reflect all prior rate changes.		
** C	hange in Company's premium level whi	ich will	
re	esult from application of new rates.		
	• •	MANCE	
		STATE OF ILL NOIS/IDEPR	
	•	Westri	eld Insurance Co.
		JAN 0 1 2009	Name of Company
		JAIN - 1 LOOG	
		CTRINGFIELD, ILLINOIS Rhond	a Daharta
		Knond	a Roberts

RECEIVED

NOV 18 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effect	tive January 1, 2009
		(2)	(3)
	(1)	Annual Premium	Percent
•	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		· · · · · · · · · · · · · · · · · · ·
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	2.050.020	+3.9
15.	Other Workers' Compensation	3, 050, 839	13.5
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, spe	cify:
N/A	ining only apply to contain termory (ex		
Drief (lescription of filing. (If filing follows	rates of an advisory organization, spe	cify organization):
Over	all premium level change % and a prev	viously filed deviation of 1.25 from th	e NCCI rates. Adopting January 1,
2009	advisory rates.		
West	field National Insurance Company #2	28-24120	
* A	djusted to reflect all prior rate changes		
** C	hange in Company's premium level wh	nich will	
re	sult from application of new rates.	1 ASION C	
	1	LIVISION C STATE OF	
		FELLEN	
		V	Vestfield National Insurance Co.
		JAN 0 1 2003	Name of Company
	";	σ, ± ειπ. σ	Name of Company
	1		
		CODINGFIELD, ILLINOIS	
	<u> </u>	R	honda Roberts
			roduction Specialist
		<u>_P</u>	roduct Management
			Official - Title



NOV 1 8 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		, ,
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	-	
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	 	-
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,654,300	+7.3%
16. Other		
Line of Insurance	· · · · · · · · · · · · · · · · · · ·	
Ooes filing only apply to certain territory (territorie	s) or certain classes? If so, specify]	NO
Brief description of filing (if filing follows rates of a	an advisory organization, specify organiza	ation) Following NCCI L
Costs effective 1 1 09, N	o change to ICM	
COBEB ETTECTIVE T T D2' N	o change to hen	

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Work First Casualty Company Name of Company Stephanie Long, Compliance Officer Official — Title JAN 0 1 2009 CORINGFIELD, ILLINOIS